



**Arizona Department of Water Resources**  
Information Management Unit  
P.O. Box 458, Phoenix, AZ 85001-0458  
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www.azwater.gov

## Pump Installation Completion Report

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ The registered well owner should file this report with the Department within 30 days following installation of pump equipment.

FILE NUMBER

WELL REGISTRATION NUMBER

**55 -**

**\*\* PLEASE PRINT CLEARLY \*\***

### SECTION 1. REGISTRY INFORMATION

Well Owner		Location of Well					
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		WELL LOCATION ADDRESS (IF ANY)					
MAILING ADDRESS		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4
CITY / STATE / ZIP CODE		COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)					
CONTACT PERSON NAME AND TITLE		BOOK		MAP	PARCEL		
TELEPHONE NUMBER		FAX		COUNTY WHERE WELL IS LOCATED			

### SECTION 2. EQUIPMENT INSTALLED

DATE PUMP INSTALLED	<b>Pitless Adaptor</b> CHECK ONE (SEE INSTRUCTIONS FOR DEFINITION)
<b>Pump Type</b> CHECK ONE	Was a pitless adaptor installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Piston	IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED Feet
<input type="checkbox"/> Rotary <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Other (please specify):	<b>Power Type</b> CHECK ONE
RATED PUMP CAPACITY Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Natural Gas <input type="checkbox"/> Windmill <input type="checkbox"/> Other (please specify):
	HORSE POWER RATING OF MOTOR

### SECTION 3. PUMP TEST

Pump Test Data	Method of Discharge Measurement	Method of Measuring Water Level
DATE WELL TESTED	CHECK ONE	CHECK ONE
STATIC WATER LEVEL (A) Feet Below Land Surface	<input type="checkbox"/> Bailer <input type="checkbox"/> Bucket – Barrel – Stopwatch <input type="checkbox"/> Current <input type="checkbox"/> Estimated – Air Lift <input type="checkbox"/> Gauge <input type="checkbox"/> Meter <input type="checkbox"/> Orifice <input type="checkbox"/> Volume <input type="checkbox"/> Weir – Flume <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line (Sonder) <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (please specify):
PUMPING WATER LEVEL (B) Feet Below Land Surface		
DRAWDOWN [ (B) – (A) ] Feet Below Land Surface		
TEST PUMPING RATE Gallons Per Minute		
DURATION OF PUMP TEST (Minimum 4 Hours) Hours		
TOTAL PUMPING LIFT Feet		
FOR FLOWING WELL, MEASURED SHUT IN HEAD <input type="checkbox"/> FT <input type="checkbox"/> PSI		

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S. § 45-600(B).

SIGNATURE OF WELL OWNER

DATE